



21st CCLC Profile and Performance Information Collection System

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Overview**Grantee
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Grantee Profile Main Page

[Grantee Profile Instructions](#)

Add a New Grantee:

Grantee Name:

Existing Grantees:

Click any of the blue, unchecked buttons below to enter information. Once a section has been successfully completed with all the required information, a gray, checkmarked button will replace the blue button. You can click the gray checkmarked buttons to edit a section's information. To delete a record, click the **Remove** button.

A camera icon following the Grantee name indicates that a "snapshot" can be taken of this Grantee Profile. Once a snapshot of a Grantee Profile has been taken, its current information becomes Baseline information for that Grantee Profile and no more snapshots are allowed. You will be able to view your snapshot(s) from the **Reports** tab.

Active Grantees

**Campbell
Complex/Department of
Education**

Basic Info

Objectives ✓

Partners ✓

Centers

Remove

Emily's Afterschool

Basic Info

Objectives

Partners

Centers

Remove

Baptist Children's Center



Basic Info

Objectives

Partners

Centers

Remove

Hamilton County H.S.



Basic Info

Objectives

Partners

Centers

Remove

**Hamakua
Complex/Department of
Education**

Basic Info

Objectives ✓

Partners

Centers

Remove

**Kahuku
Complex/Department of
Education**

Basic Info

Objectives

Partners

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Remove

**Leilehua Complex
Consortium**

Basic Info

Objectives

Partners

Centers

Remove



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Grantee Profile Campbell Complex/Department of Education Basic Information

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To proceed, you need to decide whether or not you want to delegate the task of completing a full grantee profile to your grantee. To delegate this task to you grantee, please click on the, I want to let the grantee, Campbell Complex/Department of Education, enter the information, link. If you prefer to provide the information requested in this section yourself, please click on the, I want to enter the information about the grantee, Campbell Complex/Department of Education, myself, link.

- [I want to enter the information about the grantee, Campbell Complex/Department of Education, myself.](#)
- [I want to let the grantee, Campbell Complex/Department of Education, enter the information.](#)



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*** = Required Field**

Let the Grantee, Campbell Complex/Department of Education, Enter the Information

By submitting this form, you will send a Username/Password combination to this Grantee which will allow them access to this Grantee Profile only along with their part of the APR.

*Name of Contact Person:

*Contact's E-mail:

*Award Date: Year:

*Length of Grant:

State/Contract ID # (optional):



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* = Required Field

Enter Information for Campbell Complex/Department of Education

Please provide the following information about your grantee. To save the information you have added or updated, click on the **Save My Information** button. If information has already been provided in this section, please verify that it is correct and make any modifications that are needed. Please note, however, that if you have chosen not to delegate data entry responsibilities to the grantee, you must complete all four categories of information (Basic Info, Objectives, Partners, and Centers) required as part of the grantee profile for the record to be complete.

☒ Is this Grantee active?

* Grantee Name: Campbell Complex / Department of Education

*Which [option](#) best describes this organization?:

School District

*Award Date:

January

Year:

*Length of Grant:

5 years

*Year 1 Award Amount:

\$545,000.00

*Year 2 Award Amount:

*Year 3 Award Amount:

*Year 4 Award Amount:

*Year 5 Award Amount:

*Name of Contact Person:

Robert Smith

*Street Address:

1286 Benton Ave.

*City: Jonesville

*ZIP Code: 50225 -

*Phone: (855) 556-8202 x

Fax (optional): (855) 681-8255

*Contact's E-mail:

*Please provide a two- to three-sentence description of this project. Please include in your description any significant changes in circumstances, achievements, or barriers this project has encountered.

If this grantee has a Web site, please list the address. (Optional)

Please indicate if any of the following sources of funding are being utilized in conjunction with 21st CCLC funds to provide services to students and/or adult family members attending the 21st CCLC program. (Please check all that apply.)(Optional)

- ☐ Title I funds
- ☐ Supplemental Education Services funds
- ☐ Upward Bound funds
- ☒ Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) funds
- ☐ Even Start funds
- ☐ School Dropout Prevention Program funds
- ☐ Safe and Drug-Free Schools funds
- ☐ Safe Schools/Healthy Students Discretionary Grant funds
- ☒ Early Reading First funds
- ☐ Migrant Education Program funds
- ☐ Carol M. White Physical Education Program funds
- ☐ Mentoring Grants funds
- ☒ Other Federal Sources of Funding
- ☐ Other State Sources of Funding
- ☐ Funding from the Local School District(s)
- ☐ Foundation Funding

Other
test

- ☐ None of the above

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Grantee Profile Campbell Complex/Department of Education Objectives

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[Objectives Instructions](#)

Add a New Objective:

Objective Description:

Existing Objectives:

Click the **Classify Objective** button below to enter information. Once this has been successfully completed with all the required information, a gray, checkmarked button will replace the blue button. You can click the gray checkmarked buttons to edit a section's information. To delete a record, click the **Remove** button.

Active Objectives

To improve student literacy.

There are no inactive Objectives for Campbell Complex/Department of Education.



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Grantee Profile

Campbell Complex/Department of Education

Objectives: To improve student literacy.

Classify Objectives

[Return to Objectives Main Page](#)

* = Required Field

Please check those boxes that classify the objective. If the objective does not fall into any of these categories, please fill in the **Other** field. When you have completed the process of endorsing the most relevant checkbox(es), please click on the **Save My Information** button.

If you are editing the description of this objective, please include an explanation of why these changes are being made.

If this objective is no longer relevant to the program, you can change the status of the objective to inactive by clicking off the **Is this Objective Active?** checkbox.

☒ Is this Objective active?

* **Objective Description:**

If the description of this objective had been updated or modified, please provide an explanation as to why these changes were made:

* **Objective Classification**
(Check all that apply.):

- ☐ Improve Student Achievement
- ☐ Improve Student Behavior
- ☐ Reach Targeted Participation Levels in Core Educational Services
- ☐ Reach Targeted Participation Levels in Enrichment and Support Activities
- ☐ Retain Participating Students
- ☐ Meet Planned Hours of Operation

- ☐ Offer a Particular Type of Activity or Service
- ☐ Foster Community Collaboration
- ☐ Facilitate the Social Development of Participating Students
- ☐ Provide a Safe and Secure Environment

Other:

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Grantee Profile Campbell Complex/Department of Education Partners

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[Partners Instructions](#)

Add a New Partner:

Partner Name:

Add

Existing Partners:

Click on the **Partner Info** button below to enter information. Once this has been successfully completed with all the required information, a gray, checkmarked button will replace the blue button. You can click the gray checkmarked buttons to edit a section's information. To delete a record, click the **Remove** button.

Active Partners

Campbell Interfaith Agency

Partner Info

Remove

There are no inactive Partners for Campbell Complex/Department of Education.



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Grantee Profile

Campbell Complex/Department of Education

Partners: Campbell Interfaith Agency

Partner Info

[Return to Partners List](#)

* = Required Field

Please indicate what type of organization this partner is by selecting the most appropriate option from the Partner Organization Type dropdown menu. Please also indicate how this partner is contributing to the project by endorsing the appropriate checkboxes. When you are finished, please click on the **Save My Information** button.

If this partner is no longer actively contributing to the program, you can change the status of the partner to inactive by unchecking the **Is this Partner Active?** checkbox.

☒ Is this Partner active?

*Partner Name:

*[Partner Organization
Type](#):

*How is the partner contributing to the project? (Check all that apply.)

- ☐ Programming/Activity-Related Services
- ☐ Goods/Materials
- ☒ Volunteer Staffing
- ☐ Paid Staffing
- ☐ Evaluation Services
- ☐ Funding/Raise Funds

Other:

Is This Partner receiving grant funds for its contribution (i.e., is this partner a [Subcontractor](#))? ☐



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Grantee Profile Campbell Complex/Department of Education Centers

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[Centers Instructions](#)
[List of Centers](#)

Add a New Center:

Centers That Are Schools

Step 1: Pick a District:

Step 2: Pick a School:

Centers That Are Not Schools—or—Schools That Are Not In The Dropdown List

Center Name:

Existing Centers:

Click either the **Center Info** or **Feeder Schools** buttons below to enter information. Once a section has been successfully completed with all the required information, a gray, checkmarked button will replace the blue button. You can click the gray checkmarked buttons to edit a section's information. To delete a record, click the **Remove** button.

Active Centers

CAMPBELL HIGH SCHOOL**LEAF BEACH ELEMENTARY SCHOOL**

There are no inactive Centers for Campbell Complex/Department of Education.



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Grantee Profile

Campbell Complex/Department of Education Centers: CAMPBELL HIGH SCHOOL Center Information

[Return to Centers List](#)

* = Required Field

Enter Information for CAMPBELL HIGH SCHOOL

☒ Is this Center active?

Center Address and Related Contact Information

Please provide the following information about this center. If some fields have been completed for you by a program officer from your state department of education, please verify that the information provided is correct and make any modifications that may be needed. Please provide the actual street address of the center. If the mailing address is different from this address, you have the option of entering the mailing address separately.

*Center Name: CAMPBELL HIGH SCHOOL

*Center Organization Type: School

Name of Contact Person:

*Street Address: 9808 NORTH ROAD

If your mailing address is different from your street address, please supply your mailing address.

Mailing Address:

*City: LEAF BEACH

*ZIP Code: 55540 - 2746

*Phone: (855) 689-6522 x

Fax (optional):

E-mail (optional):

Was This Center Previously Funded Under a 21st CCLC Federal Discretionary Program?

☐

Center Hours and Weeks of Operation

Please complete this section of information that is either true about this currently operating center or with information that will be true once the center is open.

***When will this center be open?** (Check all that apply.)

School Year

☐ Weekdays Before School Hours

☐ Weekdays During School Hours

☐ Weekdays After School Hours

☐ Weekends

Summer

☐ Weekdays

☐ Weekday Evenings

☐ Weekends

	School Year	Summer
*<u>Typical</u> Number of Total Hours per Week the Center Anticipates Being Open:		
*Number of Weeks the Center Anticipates Being Open:		
*<u>Typical</u> Number of Days per Week the Center Anticipates Being Open:		

Center Activities and Services To Be Provided

Please complete this section of information that is either true about this currently operating center or with information that will be true once the center is open. To indicate that the center will be providing a given activity, select an emphasis option (*High*, *Med*, or *Low*) appearing in the dropdown menu to the left of the activity type. The option you select should indicate the emphasis this center has given to providing this type of activity.

Before completing this section, please be sure to reflect on how the activities that will be provided at this center may fit into the categories identified below ([more information on the intentionality of program design](#)).

***What activities, by Category, does this center intend to provide?** (Select all that apply.)

N/A ☐ Academic enrichment learning programs

N/A ☐ Academic improvement/remediation programs

N/A ☐ Mentoring

N/A ☐ Career/job training

N/A ☐ Community service/service learning programs

N/A ☐ Activities that promote youth leadership

N/A ☐ Supplemental educational services

N/A ☐ Recreational activities

N/A ☐ Activities for limited English proficient students

N/A ☐ Tutoring

N/A ☐ Programs that promote parental involvement and family literacy

N/A ☐ Activities that target truant, expelled or suspended students

N/A ☐ Drug and violence prevention, counseling, and character education programs

N/A ☐ Expanded library hours

N/A ☐ Other

***What activities, by Subject Area, does this center intend to provide?** (Select all that apply.)

<input type="checkbox"/> N/A Reading/literacy education activities	<input type="checkbox"/> N/A Cultural activities/social studies
<input type="checkbox"/> N/A Science education activities	<input type="checkbox"/> N/A Entrepreneurial education programs
<input type="checkbox"/> N/A Mathematics education activities	<input type="checkbox"/> N/A Telecommunications and technology education programs
<input type="checkbox"/> N/A Arts and music education activities	<input type="checkbox"/> N/A Health/nutrition-related activities
<input type="checkbox"/> N/A Other	

Center Participant Population

Please complete this section of information that is either true about this currently operating center or with information that will be true once the center is open.

***How many students do you anticipate serving at this center per year?:**

***How many adult family members do you anticipate serving at this center per year?:**

***Grade Level Served**
(Check all that apply.):

<input type="checkbox"/> PreK	<input type="checkbox"/> Third	<input type="checkbox"/> Seventh	<input type="checkbox"/> Eleventh
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Fourth	<input type="checkbox"/> Eighth	<input type="checkbox"/> Twelfth
<input type="checkbox"/> First	<input type="checkbox"/> Fifth	<input type="checkbox"/> Ninth	
<input type="checkbox"/> Second	<input type="checkbox"/> Sixth	<input type="checkbox"/> Tenth	

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Grantee Profile

Campbell Complex/Department of Education

Centers: CAMPBELL HIGH SCHOOL

Feeder Schools

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[Feeder Schools Instructions](#)

Add a New Feeder School:

Schools

Step 1: Pick a District:

Step 2: Pick a School:

School Not in List:

School Name:

☐ Is this school a private school?

Existing Feeder Schools:

Click on the **Feeder School Info** button below to enter information. Once this has been successfully completed with all the required information, a gray, checkmarked button will replace the blue button. You can click the gray checkmarked buttons to edit a section's information. To delete a record, click the **Remove** button.

Active Feeder Schools

MANU INTERMEDIATE SCHOOL

There are no inactive Feeder Schools for CAMPBELL HIGH SCHOOL.



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Grantee Profile

Campbell Complex/Department of Education

Centers: CAMPBELL HIGH SCHOOL

Feeder Schools: MANU INTERMEDIATE SCHOOL

Feeder School Information

[Return to list of Feeder Schools](#)

If a feeder school is no longer active with the project, you can change the status of the feeder school to inactive by unchecking the **Is this feeder school active?** checkbox.

*** = Required Fields**

☒ Is this Feeder School active?

* Feeder Name:

☐ Is this school a private school?



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